

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0168  
Expires 11-30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <input type="text"/> <i>13489</i>	2 Fiscal Year Covered From <input type="text"/> / <input type="text"/> / <input type="text"/> 2004 Through <input type="text"/> / <input type="text"/> / <input type="text"/> 2004
3 Name and address of person filing Name <input type="text"/> <input type="text"/> <input type="text"/> vilma <input type="text"/> <input type="text"/> Torres P O Box Bldg Room No If any <input type="text"/> c/o UAW Local 2179 Street <input type="text"/> 400 Lafayette Street City <input type="text"/> New York State <input type="text"/> ZIP Code + 4 <input type="text"/> New York 10003	4 Name file number and address of labor organization Name <input type="text"/> UAW Local 2179 Labor Organization File Number <input type="text"/> 530-794 P O Box Building and Room Number if any <input type="text"/> Street <input type="text"/> 400 Lafayette Street City <input type="text"/> New York State <input type="text"/> ZIP Code + 4 <input type="text"/> New York 10003
5 Position in labor organization <input type="text"/> Recording Secretary	

- Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions).

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name <input type="text"/> Trade Name if any <input type="text"/> P O Box, Bldg Room No If any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7 a Nature of Interest, Transaction or Income <input type="text"/> 7 b Amount <input type="text"/>

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions.)		
Signed <i>Vilma P. Jones</i>	On <input type="text"/> 9/15/2005 Date	<input type="text"/> 212 674-2296 Telephone Number

Name of Person Filing Vilma Torres

File Number U-

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

**8 Name and address of Business (including trade name if any)**

Name Local 2179 Health and Welfare Fund

Trade Name if any

P O Box Bldg Room No if any

Street 400 Lafayette Street

City New York

State New York ZIP Code + 4 10003

**9 Business deals with**☒ a Labor Organization☐ b Trust☐ c Employer**10 If 9 b or 9 c is checked give trust or employer's name**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

**11 a Nature of such dealing**

Local 2179 Health and Welfare Fund is a trust in which UAW Local 2179 is interested under Section 3 (1) of the LMRDA (see attached)

**11 b Approximate dollar value of such dealing****12 a Nature of interest held or income received**

Gross salary received as an employee of Local 2179 Health and Welfare Fund

**12 b Amount**

\$46,845

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value****13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

**14 a Nature of payment.****13 b Is the Business an Employer** ☐ **or Consultant** ☐ ?**14 b Amount of payment.**

### **LM-30 Attachment**

Name Vilma Torres

Ending date of report period 12/31/04

LM-30 File Number To be assigned

LM-30 Items  
Number

8 9 11a and 11b Per direction provided by U S DOL OLMS Part B includes reporting of transactions involving a trust in which the labor organization is interested as though the trust was a business The information for item 11b is not in my possession